

Tiger's Claw Martial Arts (TCMA)

49B Prospect Pl, 2nd FL, Hillsdale, NJ 201-263-1983

www.tigersclawmartialarts.com



REGISTRATION FORM

Student's Name: _____

Home Address: _____ City: _____

State: _____ Zip: _____ Birthday: ____/____/____ Current Age: _____

Phone #: _____ (Home/Cell) Email Address: _____

Emergency Contact & # : _____ Relationship: _____

Alternate Emergency Contact & # : _____ Relationship: _____

Parent/Guardian Name(s):_ 1. _____ Cell: _____

2. _____ Cell: _____

Parent's priority for your child: _____

Student's Medical (include **allergies**), Physical, or Mental Limitations, Conditions? Yes ___ No ___

Explain: _____

List all Medications: _____

Additional Notes: _____

How did you hear about us? _____

In consideration of payment of class fees and use of the facilities at Tiger's Claw Martial Arts, Inc. (TCMA), the parent/guardian agrees as follows:

I will notify the office of TCMA of any changes in the medical condition of my child. My child is currently physically and medically able to partake in activities and classes at TCMA. I understand the nature of the activity and that my child (named on this form) is in good health, is qualified and in proper physical condition to participate in such activity.

I understand that there are No Refunds for tuition, events, equipment etc. Makeup classes are not guaranteed and are offered only when available. No Refunds for outside injuries. The Registration Fee is non-refundable and non-transferable.

I fully understand fully that any activity involving participation in Martial Arts, weapons training, events and fitness activities increases dangers and risks associated with the risks including but not limited to bodily injury, partial and/or total disability, paralysis and death; and accepts and assumes such risks and responsibilities for the losses and/or damages.

If either party should undertake legal action to enforce any of the terms of this Agreement, the prevailing party therein shall be entitled to reasonable attorney costs and fees of suit incurred in connection therewith, in addition to any other relief awarded.

This Agreement shall be governed by and construed in accordance with the laws of the State of New Jersey without giving effect to principles of conflicts of law. The exclusive jurisdiction and venue of any action arising under this Agreement shall be New Jersey Superior Court, Bergen County. A determination by a court of competent jurisdiction that any provision of this Agreement or any part thereof is illegal or unenforceable shall not cancel or invalidate the remainder of such provision or this Agreement, which shall remain in full force and effect.

I hereby discharge, release, and covenant not to sue TCMA, its respective administrators, instructors, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the activity takes place, (each considered one of the "releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations and future agree that if, despite this release, waiver of liability, and assumption of risk I, or anyone on my behalf, makes a claim against any of the "releasees", I will indemnify, save, and hold harmless each of the "releasees" from any loss, liability, damage, or cost, which any may incur as the result of such claim.

I agree that this waiver and release Agreement covers each and every activity at TCMA and the "releasees" are released as to each and every time the participant comes to TCMA.

In case of emergency, I authorize employees of TCMA to secure or contact medical attention for the participant.

I give permission to TCMA to send updates and/or promotions through mail and email at any time. I understand that media such as photographs and/or videos of participants may be taken and used for TCMA's official use and display. My child's name will not appear alongside of any media type.

I understand, have read and will abide by the guidelines/policies/procedures of TCMA. This pertains to normal guidelines/policies/procedures and additional including COVID policies/procedures/guidelines. I agree to follow the rules and regulations when participating in any of the programs of TCMA.

I have read the above waiver and release. I understand that I have given up substantial rights by signing it and I am signing it voluntarily.

Date: ___ / ___ / ___ Signature Parent/Guardian: _____

Date: ___ / ___ / ___ Signature Parent/Guardian: _____

___ Please sign me up for AUTO PAY, TCMA's monthly Credit Card / Debit. This service automatically charges your credit card account on the fifteenth (15th) of each month.

Please ask for a form to be completed. This is not a contract. It can be cancelled at any time. To avoid being charged, you must give us written notice at least 7 days, 1 week, prior to the scheduled charge date.

Office use ZP: _____ PC: _____ PROSPECT: _____

Start Date: ___ / ___ / _____

Tiger's (1xWk) ___ Tiger's (2xWk) ___ Kids Karate (1xWk) ___ Swat Elite Karate (2xWk) ___

Warrior Karate ___ (3x/Week) Adult Karate Drop-in ___ Other: _____